

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

Wawa, Inc. Political Action Committee

ADDRESS (number and street)

c/o Elko & Associates, Ltd

2 W. Baltimore Avenue, Suite 210

☒(Check if address
is changed)

Media

PA

19063

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dclapcich@elkocpa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6105661040

2. DATE

M M
0 8/ D D
0 9/ Y Y Y Y
2 0 0 6

3. FEC IDENTIFICATION NUMBER

C C00148510

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Mr. Leonard Vincent Santivasi

Signature of Treasurer

Electronically Filed by Mr. Leonard Vincent Santivasi

Date

M M
0 3/ D D
1 0/ Y Y Y Y
2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Wawa, Inc.

Mailing Address

260 West Baltimore Pike

Wawa

PA

10963

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Parent Company

Type of Connected Organization:

- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Wawa, Inc. Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Mr. David John Clapcich**

Mailing Address **2 W. Baltimore Avenue**
Suite 210
Media PA 19063

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Report Preparer Telephone number **610 565 3930**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mr. Leonard Vincent Santivasi**

Mailing Address **2 West Baltimore Avenue**
Suite 210
Media PA 19063

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number **610 565 3930**

Full Name of Designated Agent **Mark Suprenant**

Mailing Address **260 West Baltimore Pike**
Wawa PA 19063

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Secretary/ Counsel Telephone number **610 361 3607**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank, NA

Mailing Address

217 West Baltimore Avenue

Media

PA

19063

CITY ▲

STATE ▲

ZIP CODE ▲